

CHANGE OF OWNERSHIP REQUEST FOOD SERVICE ESTABLISHMENT

FOOD PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Permits are non-transferrable from one owner to another.

FOOD SERVICE NAME AND LOCATION

NEW FACILITY NAME: _____

PREVIOUS FACILITY NAME: _____

NEW OWNER NAME: _____

FACILITY STREET: _____

CITY: _____ ZIP _____

NEW OWNER MAILING INFORMATION *REQUIRED*

NAME*: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

Email _____

DAY TIME PHONE*: _____ - _____ - _____

Change in Menu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Seating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in Layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When was the previous business closed?

☐ Less than 90 Days
☐ 90 Days to 1 Year
☐ 1 Year +
☐ Unknown

Notice: By submitting this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____

DATE: _____

New owner may begin operation, once payment has been received PROVIDED THAT no changes have been made in the facility (i.e. menu change, equipment, seating, layout etc.) AND it has been less than 90 days since previous operations ended.

If a facility has been closed more than 90 days OR a facility's menu, seating, equipment, or layout has changed; you must obtain approval from a health inspector prior to operating.

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

Check if applicable:

Date opened _____ ☐

Seasonal operation:

Date of opening _____

Date of closing _____

Prorated Permit Fee \$ _____

Late Fee \$ _____

Field Plan Review Fee \$ _____

Seating capacity (if seating is provided) _____

Total Due \$ _____

☐ Check or Money Order, Payable to: **SKCDPH**

☐ VISA ☐ Master Card ☐ Discover Card Number: _____ / _____ / _____ / _____

Card Billing Address: _____, City: _____ ZIP: _____

Card Expiration Date: _____ 3 Digit Code (on back): _____

Required Signature (as on Credit Card): _____

OFFICE USE ONLY

PR _____ FA _____ PE _____ PLAN REVIEW SR _____

VARIANCE SR _____ CHECK NUMBER _____ DATE FACILITY OPENED _____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE _____

Food Establishment Categories and Permit Fees

If you are not certain what category or risk level applies to you, please call our permits and licensing office 206-263-9567.

Effective 1/01/14 - 12/31/14

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food Service- 0-12 seats	6701 - \$350	6702 - \$583	6703 - \$808
General Food Service- 13-50 seats	6711 - \$354	6712 - \$591	6713 - \$852
General Food Service- 51-150 seats	6721 - \$362	6722 - \$621	6723 - \$911
General Food Service- 151-250 seats	6731 - \$376	6732 - \$635	6733 - \$965
General Food Service- over 250 seats	6741 - \$390	6742 - \$639	6743 - \$1,009
Limited Food Service- no permanent plumbing	6757 - \$350	NA	NA
Bakery- no seating	6751 - \$350	6752 - \$583	6753 - \$808
Bed and Breakfast	6761 - \$350	NA	NA
Grocery Store- no seating	6765 - \$350	6766 - \$583	NA
Caterer	6771 - \$350	6772 - \$583	6773 - \$808
Meat/Fish Market	NA	NA	6777 - \$657
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$350	6782 - \$583	6783 - \$808
Mobile Food Unit Commissary	6784 - \$151	6785 - \$241	6785 - \$241
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal Jail	6735 - \$350	6736 - \$583	6737 - \$808
School Lunch Program	NA	6792 - \$466	NA

PRORATION SCHEDULE

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

PLAN REVIEW FEES

New Construction	4 hour base fee (\$804) + \$201/hr after 4 hours
Remodel	3 hour base fee (\$603) + \$201/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$603) + \$201/hr after 3 hours
Resubmitted plan review-billable	\$201/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$402) + \$201/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$402 +\$201/hr after 2 hours

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Facility Name Change (with no other changes)	\$25
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

CONTACT INFORMATION

PERMITS AND LICENSES PHONE: 206-263-9567 Fax- 206-296-0189

WEBSITE: <http://www.kingcounty.gov/health/foodsafety>